

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	10-592,966	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4	3		1			
5	3		1			
6	①		1			
7	①		1			
8	①		1			
9	1		1			
10	①		1			
11	①		1			
12	①		1			
13	①	1	1			
14	①		1			
15	①	1				
16	①	1				
17	①	1				
18	①	1				
19	①	1				
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TOTAL IND.	1	↓	4	↓		↓
TOTAL DEP.	23	◀	16	◀	◀	◀
TOTAL CLAIMS	24	[REDACTED]	20	[REDACTED]		[REDACTED]

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.				↓		↓
TOTAL DEP.			◀		◀	◀
TOTAL CLAIMS			[REDACTED]		[REDACTED]	[REDACTED]